

**Instructions for Completing the
South Carolina Part C Credential Application**

☆☆☆☆☆ALL ENTRIES MUST BE TYPED OR PRINTED☆☆☆☆☆

Indicate if application is for initial credentialing, or an update of information.

Section 1: System Affiliation

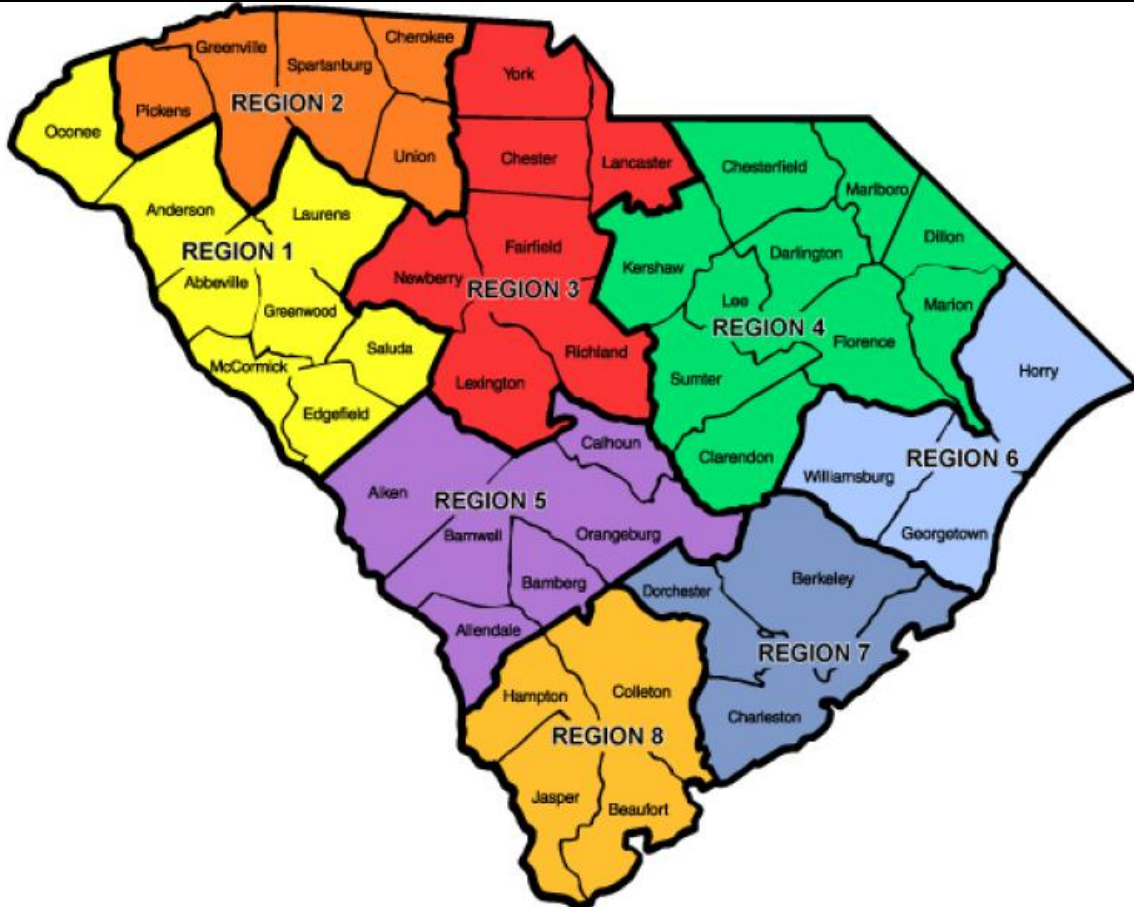
Field	Required Information
A	Hire Date/Date of Contract: Enter month/day/year of hire or month/day/year of contract approval by S.C. Department of Health and Environmental Control.
B	<p>Employer: YOU ARE EITHER</p> <p>1. A contracted service provider with DHEC. BabyNet System Personnel who are under contract with DHEC are individuals who provide services for BabyNet-eligible families and children such as occupational, physical, or speech therapy; social work, nursing, etc., and who may be employed full time with a hospital, clinic, or private company. <u>Check the box for 'DHEC Contractor'.</u></p> <p>OR</p> <p>2. You work for one of the Partnering Agencies within the BabyNet System. DHEC: Department of Health and Environmental Control DMH: Department of Mental Health SCSDB: South Carolina School for the Deaf and the Blind DDSN: Department of Disabilities and Special Needs</p> <p><u>Check the box for the agency for which you work.</u></p> <p>NOTE: BabyNet System Personnel employed by the Department of Disabilities and Special Needs must write in <i>either</i> the name of the county DSNB for whom they work, or the DDSN sub-contractor for whom they work (ex., Bright Start, Easter Seals, Epworth, Kids First, PlayWorks).</p>

Section 2: Applicant Information

All fields in this section are required. If **ANY** of this information should change (including your system role and/or service on page 2 of the application), or your employment within the BabyNet System ends, it is your responsibility to notify the TECS office of this change using this form.

Field	Required Information																																																								
A	Degree: Check <i>highest</i> level of education																																																								
B	<p>Discipline: Using one of the following codes, enter the field of study in which you <u>received</u> your highest degree. NOTE: This information is not required for the following types of providers: ABA provider, assistive technology/medical equipment provider, foreign language interpreter, or transportation provider.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ABA</td><td style="width: 40%;">Certification (ABA Program Consultants only)</td><td style="width: 15%;">NUT</td><td style="width: 30%;">Nutrition</td></tr> <tr> <td>AUD</td><td>Audiology</td><td>O&M</td><td>Orientation and Mobility</td></tr> <tr> <td>CDEV</td><td>Child/Human Development</td><td>OPT</td><td>Optometry</td></tr> <tr> <td>CNSL</td><td>Counseling/Counselor Education</td><td>OT</td><td>Occupational Therapy</td></tr> <tr> <td>DIE</td><td>Dietetics</td><td>OTA</td><td>Occupational Therapy Assistant</td></tr> <tr> <td>DIV</td><td>Divinity</td><td>PA</td><td>Physician Assistant</td></tr> <tr> <td>ECSE</td><td>Early Childhood Special Education</td><td>PH</td><td>Public Health</td></tr> <tr> <td>EDEC</td><td>Early Childhood</td><td>PSY</td><td>Psychology</td></tr> <tr> <td>EDEL</td><td>Elementary Education</td><td>PT</td><td>Physical Therapy</td></tr> <tr> <td>EDSE</td><td>Special Education: <i>list area of concentration</i></td><td>PTA</td><td>Physical Therapy Assistant</td></tr> <tr> <td>FCS</td><td>Family & Consumer Sciences</td><td>SLP</td><td>Speech-Language Pathology</td></tr> <tr> <td>INT</td><td>Sign Language Interpretation</td><td>SOC</td><td>Sociology</td></tr> <tr> <td>MED</td><td>Medicine: <i>list area of specialty</i></td><td>SPSY</td><td>School Psychology</td></tr> <tr> <td>NUR</td><td>Nursing</td><td>SW</td><td>Social Work</td></tr> </table> <p>OTH: Using the code for 'Other,' specify area of study if not listed above</p>	ABA	Certification (ABA Program Consultants only)	NUT	Nutrition	AUD	Audiology	O&M	Orientation and Mobility	CDEV	Child/Human Development	OPT	Optometry	CNSL	Counseling/Counselor Education	OT	Occupational Therapy	DIE	Dietetics	OTA	Occupational Therapy Assistant	DIV	Divinity	PA	Physician Assistant	ECSE	Early Childhood Special Education	PH	Public Health	EDEC	Early Childhood	PSY	Psychology	EDEL	Elementary Education	PT	Physical Therapy	EDSE	Special Education: <i>list area of concentration</i>	PTA	Physical Therapy Assistant	FCS	Family & Consumer Sciences	SLP	Speech-Language Pathology	INT	Sign Language Interpretation	SOC	Sociology	MED	Medicine: <i>list area of specialty</i>	SPSY	School Psychology	NUR	Nursing	SW	Social Work
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C	Enter the number of years of experience with infants and toddlers with disabilities birth to age three																																																								
D-F	Enter your last name, first name, and middle initial																																																								
G	Enter the e-mail address where you would like to receive all Credential correspondence																																																								
H-K	Enter your home address, city, state, and zip code. Check if this is the address where you want to receive Credential correspondence.																																																								

Field	Required Information
L-O	Enter your work address, city, state, and zip code. Check if this is the address where you want to receive Credential correspondence.
P	Enter your home phone with area code (in case of changes in employment)
Q	Enter your current work phone with area code
R	Enter your fax number with area code
S	Using the BabyNet Regions map below, check the county/ies in which you provide services. If you serve all counties within a region, check the 'all' box for that region.



Section 3: BabyNet System Roles and Services

Check **only** the role/s you currently serve in the BabyNet System. Do NOT use your agency's or organization's internal job title. Examples:

1. For Section 3A, a BabyNet Intake Coordinator who also provides ongoing service coordination would check '*BabyNet Intake Coordinator*,' '*CBA Provider*,' '*Eligibility Review Team*,' and '*BabyNet Service Coordinator*.'
2. An Early Interventionist with DDSN would check '*CBA Provider*,' '*BabyNet Service Coordinator*,' and '*BabyNet Service Provider*' in Section 3A. In Section 3B, '*Special Instructor*' would be selected.
3. For Section 3A, a Parent Advisor with SCSDB would typically check '*CBA Provider*' and '*BabyNet Service Provider*.' In Section 3B, '*Special Instructor*' would be selected.
4. A physical therapist under contract with DHEC to provide IFSP services would check '*BabyNet Service Provider*' in Section 3A, and in Section 3B, check '*Physical Therapist*.'

Section 3A: BabyNet System Roles: use the following descriptions to determine the role/s in which you currently serve.

BabyNet System Role	Description
Parent-Delivered Resources & Supports	Resources and supports provided by parents to parents receiving BabyNet services. Includes CRS Parent Resource Specialists, Family Partners with Family Connection of South Carolina, and/or Coordinators with PRO-Parents.
BabyNet Interagency Monitoring Team	Responsible for general supervision activities: assuring and reporting systemic compliance with federal statute and regulations for IDEA/Part C, and for supporting implementation of local corrective actions.
BabyNet Program Manager	State-office staff within BabyNet-partnering agencies responsible for oversight of implementation of the BabyNet early intervention system within and between state agencies. Includes responsibilities

	of Interagency Monitoring Team Member.
BabyNet Regional Consultant	State-office DHEC/BabyNet staff responsible for regional-level technical assistance to local early intervention systems. Includes responsibilities of Interagency Monitoring Team Member.
BabyNet System Manager	Regional-office DHEC/BabyNet staff responsible for oversight of implementation of the local BabyNet early intervention system within and between agencies and service providers. Includes responsibilities of Eligibility Determination Team Member (DHEC only); may include responsibilities of Interagency Monitoring Team Member.
BabyNet Supervisor	Provides supervision to activities of BabyNet Intake Coordinators, CBA Providers, Eligibility Determination Team Members, BabyNet Service Coordinators, and/or providers of the Part C service of special instruction. Employed by DDSN (including subcontractors), DHEC, or SCSDb at region/county level. May include the following responsibilities of: Curriculum-Based Assessment (CBA) Provider; Eligibility Determination Team Member (DHEC only); and/or Interagency Monitoring Team Member.
BabyNet Intake Coordinator	Responsible for coordination of all needed services within the first 45-days of referral to the BabyNet early intervention system. Employed by DHEC/BabyNet at region/county level. Includes responsibilities of Curriculum-Based Assessment (CBA) Provider and Eligibility Determination Team Member (DHEC only).
Curriculum-Based Assessment (CBA) Provider	Responsible for provision of a curriculum-based assessment for determination of eligibility and/or development and evaluation of the initial and annual IFSP. Employed by DDSN (including subcontractors), DHEC, or SCSDb at region/county level.
Eligibility Review Team (DHEC only)	Responsible for review of evaluation data to assure BabyNet eligibility requirements for receipt of Part C services are met prior to development of the initial IFSP.
BabyNet Service Coordinator	Responsible for coordination of all needed services as identified on each Individualized Family Service Plan (IFSP) for the duration of the child's eligibility for IDEA/Part C services. Employed by DDSN (including subcontractors), DHEC, or SCSDb at region/county level. If employed by DDSN, personnel also function as CBA providers and BabyNet Service Providers (special instruction). Includes responsibilities of Curriculum-Based Assessment (CBA) Provider.
BabyNet Service Provider	Responsible for provision of a service as identified on each Individualized Family Service Plan (IFSP) for the duration of the child's eligibility for IDEA/Part C services. Includes employees and subcontractors of DDSN, DHEC, DMH, and SCSDb. IF THIS BOX IS CHECKED, A BABYNET SERVICE IN SECTION 3B MUST ALSO BE CHECKED. If service provided is special instruction, includes responsibilities of Curriculum-Based Assessment (CBA) Provider.
Technical Assistance Specialist	Responsible for provision of technical assistance in application of evidence-based practice in IDEA/Part C service coordination and delivery.

Section 3B: BabyNet Service Provided

Check the IDEA/Part C service for which you are **licensed and/or certified** to provide, and are/could be the identified provider on a child and family's Individualized Family Service Plan. IDEA Part C requires all state early intervention programs to make available the sixteen services listed below. BabyNet services within South Carolina, in addition to the required IDEA Part C services, include services for children with autism spectrum disorders and language interpreter services. A description of each service can be found online in the policy link at <http://www.scdhec.net/babynet/>

Autism Services, program consultant and provider levels Assistive Technology Audiology Family Training, Counseling, Home Visits & Other Supports Health Services Language Interpretation, including sign language Medical Services (diagnostic & evaluation only) Nursing Services Nutrition Services	Occupational Therapy (OT), including licensed assistants Physical Therapy (PT), including licensed assistants Psychological Services Service Coordination Social Work Services Special Instruction Speech-Language Pathology, including clinical fellows & licensed assistants Transportation and related costs Vision Services (optometry, ophthalmology, and orientation & mobility)
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Section 3C: Foreign Language/s

If 'Foreign Language Interpreter' is checked in Section 3B, please print the language/s you are **certified** to interpret. Interpreter requirements can be found online in the policy link to the Services Guide at <http://www.scdhec.net/babynet/>

Section 4: Certification/Signature

Field	Required Information
A	Sign your name. IF YOU ARE SUBMITTING YOUR APPLICATION ONLINE, ENTER YOUR NAME IN THIS FIELD. YOUR NAME WILL SERVE AS YOUR LEGAL SIGNATURE FOR ONLINE SUBMISSION OF THE APPLICATION.
B	Enter the date the application is signed.

e-mail application to Glynda York: glynda.york@uscmcd.sc.edu

Send application by mail or fax to: **BabyNet Credentialing, ATTN: Glynda York**
CDR, USC-SOM/PEDS, TECS
Columbia, SC 29208
Fax: (803) 935-5300